

Witness Name: RACHEL CLAIRE SHARLAND

Statement No: WITN3408001

Exhibits: WITN3408002 to WITN3408032

Dated: September 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3408009

Bayne 22/1/83

Case A1

FORM AIDS/B

U.K. HAEMOPHILIA CENTRE DIRECTORS HEPATITIS WORKING PARTY

Surveillance of possible cases of the Acquired Immune Deficiency Syndrome (AIDS)

Form for reporting of cases. Please complete and return to Miss R.J.D. Spooner at the Oxford Haemophilia Centre.

HAEMOPHILIA CENTRE: CARDIFF

NAME OF PATIENT: KEVIN SLATER S-436

D. OF B. GRO-C 63... NATIONAL FILE DIAG./REG.NO. ...1/0783...
(if known)

COAGULATION DEFECT: F.VIII DEFICIENCY

DATE DISEASE (AIDS) FIRST SUSPECTED: ...17/3/83.....

DATE OF ONSET OF SYMPTOMS: EARLY MARCH 1983 (ORAL THROUGH PROBABLY JANUARY 1983)

PRESENT CONDITION: ALIVE/DEAD

Date of death

Was P.M. performed?

If yes, by whom

Are any specimens of serum and/or lymph node or other organs from Biopsy or P.M. available for study? ~~Yes/No~~ YES

*If yes, please specify: ...STOOD SERUM OR...

.....PLASMA.....

MAIN CLINICAL FEATURES (please tick appropriate box)

	Yes	No
Malaise	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loss of Weight (unexplained)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fever (lasting more than one week)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Enlarged Lymph Nodes (lasting more than one month)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diarrhoea (lasting more than one week)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dyspnoea (lasting more than one month)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cough (lasting more than two weeks)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Diseases: Please see document AIDS/2 and specify, including Date of Onset.

RECURRENT TONSILLITIS FOR 5-6 yrs 1977

Other Symptoms and/or Signs (please specify)

DYSPHAGIA ORAL + OESOPHAGEAL CANDIDIASIS (P) EPIDYDIMO-ORCHITIS APRIL 1983

LABORATORY INVESTIGATIONS:

Table with 3 columns: Test Name, Date, Result. Includes Hb, Wbc, Absolute lymphocyte count, T cells, B cells, T helper/suppressor ratio, IgG, IgM, IgA levels, and other (please specify) such as BA SWALLOW and REDUCED KILLER + NATURAL KILLER CELL ACTIVITY APRIL 83.

SEROLOGICAL STUDIES:

Table with 3 columns: Test Name, Date, Result. Includes CMV, EBV, Toxoplasma, Herpes Simplex, Varicella Zoster, and other (please specify) such as Adenovirus and Hb's Ag.

Case A1

ANY EVIDENCE OF SEXUAL CONTACT (please tick appropriate box)

HOMOSEXUAL [] HETEROSEXUAL [✓] BISEXUAL []

HEROIN ADDICTION? Yes/No [✓]

HAS THE PATIENT VISITED THE U.S.A. OR CARIBBEAN IN THE PAST 3 YEARS? Yes/No [✓]

If yes, where and when?

ANY CONTACT WITH OTHER PATIENTS KNOWN OR SUSPECTED TO HAVE AIDS?

Yes/No [✓]

If yes, please specify

HAS THE PATIENT RECEIVED ANY OF THE FOLLOWING BLOOD PRODUCTS?

(a) Since 1.1.80 (b) Before 1.1.80

	Yes	No	Yes	No
Factor VIII concentrates:				
Hemofil	[]	[]	[]	[✓]
Koate	[]	[]	[]	[✓]
Factorate	[✓]	[]	[]	[]
Profilate	[]	[]	[]	[✓]
Prothrombin complex concentrates:				
Autoplex	[]	[✓]	[]	[✓]
Proplex	[]	[✓]	[]	[✓]

HAS THE PATIENT RECEIVED ANY OTHER BLOOD PRODUCTS SINCE 1st JANUARY, 1980? (please tick appropriate box for materials received)

Whole blood []
 Plasma []
 Cryoprecipitate [✓]
 Platelets []

Case A1

NHS F.VIII concentrates:

- Elstree
- Oxford
- Edinburgh

Commercial F.VIII concentrates:

- Kryobulin

Prothrombin complex concentrates:

- NHS Oxford
- NHS Edinburgh
- FEIBA
- Prothromplex

Other (please specify)

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HAS ANY SIMILAR ILLNESS OCCURRED IN HOUSEHOLD CONTACTS OF THE PATIENT?

Yes*/No

*If yes, please specify nature:

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HAS THE PATIENT A HISTORY OF

- (a) treatment with immunosuppressive drugs? Yes/No
- (b) Deep x-ray therapy? Yes/No
- (c) Any illness which would result in immunodeficiency? Yes*/No

*If yes, please specify

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FINAL CLINICAL DIAGNOSIS:

PROBABLE ACQUIRED IMMUNE DEFICIENCY SYNDROME

GRO-C

(signed)

date

... 2.6.1.4/83